

iNICQ
Controversies in Neonatal Intensive Care

Registration Form

Name: _____

Center Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

****SPACE IS LIMITED****

Please register our center now for the series

The fee for the series is \$3,250 per team for Vermont Oxford Network members

The fee for the series is \$4,000 per team for hospitals not members of Vermont Oxford Network

Please return this form to by January 9th to:

Pam Ford

Vermont Oxford Network

33 Kilburn Street

Burlington, VT 05401

Phone: 802 865 4814 x204

Fax: 802 865 9613

Email: pam@vtoxford.org

***Note, payment is not due at time of registration. We will invoice you at a later date.**